

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	Filing Date	Examiner	Group Art Unit
<u>10/510,316</u>	<u>10/02.2004</u>	<u>M.J. Smith</u>	<u>3672</u>

Applicant	Title	Docket No.
<u>Laurence J. Ayling</u>	<u>Improved Slips</u>	<u>AYL-10-PCT</u>

AMENDMENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Trademarks, P.O. Box 1451, Alexandria, VA 22313-1451, on **13 December 2006**.



R. B. Sherer



The subject Amendment is in response to the Office Action dated 13 September 2006.

Cancel Claims 14 - 20 and substitute New Claims 21 - 38.

IAP6 Rec'd PCT/PTO 18 DEC 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. AYL-10-PCT	
Applicant(s): LAURENCE J. AYLING					
Application No. 10/510,316	Filing Date 10/02/2004	Examiner M.J. SMITH	Customer No.	Group Art Unit 3672	Confirmation No.
Invention: IMPROVED SLIPS					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0765					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;"> Signature</div><div style="width: 55%; text-align: right;">Dated: 13 DECEMBER 06</div></div>					
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;"></div><div style="width: 55%; border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align: center;"><u>13 DEC. 06</u> (Date)</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">R.B. SHERER Typed or Printed Name of Person Mailing Correspondence</p></div></div>					
CC:					